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ABSTRACT

This practicum designed and implemented a body image improvement program for seven severely emotionally disturbed latency-aged girls. Students participated once per week for 12 weeks in individual art therapy and in group sessions. The practicum incorporated therapeutic art activities with verbal interactions and utilized human growth films, cooperative learning techniques, and child care personnel from outside agencies. Major issues addressed included cooperation and sharing, health, nutrition and hygiene, puberty and the onset of menstruation, increased body awareness and acceptance, and the acquisition of a more accurate perception of physical self. The individual art therapy sessions allowed for the reinforcement of new concepts and ideas and discussion of questions, concerns, disclosures, and revelations as they arose. Results suggested that participants developed a greater awareness of the physical and emotional changes associated with puberty, an understanding of proper nutrition for young girls, and an improved perception of the physical self. Appendices contain a body image observation checklist and a sample permission letter to parents. (36 references) (Author/JDD)

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ED 345 413

A Therapeutic Program to Improve the Body Image of Pre-Puberty Exceptional Education Girls

by

Linda Jo Pfeiffer

Cluster 45

A Practicum I Report presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1992

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Linda Jo Pfeiffer under the direction of the advisor listed below. It was submitted to the Ed.D Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

5/31/92
Date of Final Approval of Report

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ABSTRACT

A Therapeutic Program to Improve the Body Image of Pre-Puberty Exceptional Education Girls. Pfeiffer, Linda J., 1992: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies. Body Image/Latency/Emotional Handicaps/Puberty/Self-Concept/Art Therapy.

This practicum focused upon the design and implementation of a body image improvement program for severely emotionally disturbed (SED), latency-aged girls. Seven latency-aged girls in a self-contained, SED program participated one time per week in individual art therapy and group sessions. The program incorporated therapeutic art activities with verbal interactions and utilized human growth films, cooperative learning techniques, and child care personnel from outside agencies.

The writer developed a therapeutic program designed to address concerns and problems encountered by latency-aged girls and especially those whose developmental progress has been hampered by both abuse and emotional handicapping conditions. Major issues addressed in the program included; cooperation and sharing, health, nutrition and hygiene, puberty and the onset of menstruation, increased body awareness and acceptance, and the acquisition of a more accurate perception of physical self.

Analysis of the results obtained from projective drawings, interviews, and an observation checklist, suggested that the participants in the group had a greater awareness of the physical and emotional changes associated with puberty, an understanding of proper nutrition for young girls, and an improved perception of physical self. This writer also observed an increase in the number of empathetic responses made during group and improved patience and consideration.

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CHAPTER I

INTRODUCTION

Description of Community

The student population this writer works with is culturally representative of the larger community. As with many of America's largest cities, the metropolitan community is multicultural, multi-ethnic, and racially diverse. The greatest percentage of the population is Hispanic and newly arrived to America. American Blacks and Caucasians are represented in equal amounts. Asians and Native Americans make up the smallest percentage. The larger community is economically diverse with extremes on either end of the monetary scale. Religious differences, customs, and languages differ from one area in the community to the next.

The local community in which this writer works is contained within this larger, metropolitan area. However, it is not as diverse. A vast number, approximately 89% of the population, are Hispanic. The majority of these families are from Nicaragua. Lower middle class, blue collar, working families make up the socio-economic group

in the immediate community.

Writer's Work Setting and Role

As in many American communities, the local elementary school often becomes a common meeting ground for families with young children. This writer works in a self-contained, special education program for severely emotionally disturbed (SED) children that is housed within a regular elementary school. The school, reflective of the surrounding community, is mostly Hispanic and largely Nicaraguan. During the children's free time and activity period, Spanish is frequently heard. More comfortable in their native language, the children in the regular school setting converse among themselves in Spanish.

The children in the SED program are transported to the school from a much larger geographical area. Heavily populated by Hispanics (mostly Cuban), the program also has a small number of Caucasian students and one or two Black children per year. The Hispanic children in this program appear more Americanized than those in the regular school setting. The children, in the SED program, speak English in school and seldom use Spanish unless requested to do so. Many of the SED students are bilingual and some have parents who do not speak English.

The SED program consists of 50-52 children ranging

from three to twelve years of age. Many of the children placed at this site were referred directly from mental health hospitals. Their presenting problems include but are not limited to: self-destructive behaviors, suicide attempts, depression, withdrawal, aggression, and other acting out or non-conforming behaviors.

Some of the diagnostic impressions included in the children's files are: childhood schizophrenia, bipolar disorder, major depression, pervasive developmental disorder, and attention deficit disorder with and without hyperactivity. Abuse, either emotional, physical or sexual is documented in several of the cases. The majority of the students live at home with at least one natural parent. Divorce and remarriage situations are common along with step-family combinations. A number of the students live in group homes, or foster care. Also, a significant number of adopted children are represented in this program. The majority of the students in the program have an average IQ. Some, however, fall within the gifted range and others fall within the dull average range of intellectual functioning. Learning disabilities and neurological impairments are a component of several students' diagnoses.

The SED program has ten teachers certified in Exceptional Student Education (Emotionally Handicapped). Two teachers per classroom, service the 50-52 children in this program. The clinical staff includes a registered art therapist, two social workers, and a bilingual, part-time,

family therapist. Currently, there are several other staff members assisting with these special students including: a one-to-one aide for a seven year old girl, a full-time teacher intern, and a part-time school psychologist intern. One morning per week, a psychiatric fellow in his or her last year of residency at one of the largest hospitals in the southeast, visits the site and works with recommended parents and students. Coordinating many aspects of the site is a psychoeducational specialist. She is instrumental in placing children in the best possible educational settings available. Managerial types of planning are made by a teacher within the program. This teacher is called a site coordinator and has the responsibility to see that there is communication between the clinical and educational staff.

The specialized SED program in which this writer works is the culminating effort of a mental health agency, with over 25 years of experience with SED children, and the public school system. This mental health agency spearheaded psychoeducational programs for SED children in the county. Presently the agency has a co-venture with the public school system.

There are several co-ventured, psychoeducational, SED programs between the public school system and this mental health agency in the county. They range from pre-school to high school programs. The mental health agency provides the social workers, most of the clinical staff,

and the psychiatric fellows. The public school system provides all of the educational staff, creative therapy, occupational therapy, speech therapy, and diagnostic testing.

The county in which this writer works is very large. This mental health agency, with its many psychoeducational programs, is but one of many mental health agencies that contract their services through the public school system.

The writer is a clinical art therapist registered with the American Art Therapy Association. She is hired by the public school system in this county to provide therapeutic services to identified, SED students on both an individual and group basis. Although the art therapy program has been in place for over ten years, it is only within the last six years that art therapists provided clinical services solely to those students identified as severely emotionally disturbed. Presently, the county has 14 clinical art therapists servicing SED students within the public school system.

As an art therapist, this writer helps emotionally disturbed children identify and express feelings, communicate thoughts and ideas, solve personal problems, make age appropriate decisions, get in touch with their environment, learn to relate to others in socially acceptable ways, increase contact with reality, loosen rigidity, and increase feelings of self-worth. Art therapy can help individuals grow in self-awareness and promote the

development and use of healthy psychological defense mechanisms. In addition to implementing treatment plans, a written art therapy assessment which addresses developmental functioning and symbolic imagery, is administered to each student serviced. Documentation is an integral part of a therapist's work. Each individual and/or group session is documented every time a student is seen in a therapeutic session. Case conferences, at the school site, are held each week and pertinent information is shared with both the educational and clinical staff as needed. Also, art therapists attend weekly peer or department meetings. Implementing inservice programs and workshops, both within the school and community, are part of this art therapist's job. The art therapy department, has grown each year since becoming a clinical, therapeutic program for SED students in the public school setting.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

In the elementary years, children go through rapid periods of physical and emotional growth. However, if one lags too far behind the other, problems often result. One notable problem is an inaccurate perception of the physical self (body image). Body image may be conceptualized as a series of feelings and beliefs that make up a mental picture of ones shape, size and overall appearance (Blyth, Simmons & Zakin, 1985). In the case of SED children, emotional development lags behind physical growth (Jones, 1985). It appears to be a hallmark for identification in many SED programs. Girls tend to go through the greatest physical and emotional changes during the elementary years (Duncan, Ritter, Dornbush, Gross & Carlsmith, 1985). Maturing more quickly than boys, girls go from cuddly cuteness to gangly awkwardness in a relatively short period of time. Between the ages of 9 and 12, commonly called the latency period, most girls begin to develop physically and become aware of new and perhaps confusing emotions. Latency-aged girls in SED school programs seem to have

difficulty reconciling their physical selves to their emotional selves. Faulty perceptions of self are commonly found among these girls (Rierdan, Koff & Stubbs, 1989).

The SED program in which the writer worked provided both group and individual therapy. Both forms of therapy are crucial to the emotional and social development of SED students. However, there appeared to be no set program or specific curriculum that focused directly upon improving faulty perceptions of physical self and issues related to body image.

The problem, as observed by this writer, appeared to be a distorted body image found among SED, latency-aged girls and no set program designed to address this issue. The latency-aged girls, in this SED program, were in need of a therapeutic intervention program that focused directly upon issues related to body image, body image distortions, and the adoption of healthy, age-appropriate perceptions of the physical self. Increasing body awareness was a major need of this special population.

Problem-Documentation

Evidence that the latency-aged girls in this SED program had inaccurate body images was supported by non-solicited projective drawing, interpretive art therapy assessments, observations and structured interviews.

The SED, latency-aged girls in this writer's school

site, created free drawings in several different environments. For example, during classroom free-time, the girls often drew as their activity of choice. They also had an opportunity to draw in art class and sometimes during various group activities. This therapist viewed these drawings on display and noted symbolic imagery connoting feelings of helplessness, hopelessness and insecurity. Overwhelming environmental forces were also seen in their drawings. These images alone did not suggest body image discrepancies. However, it was noted that when these unsolicited drawings included people, figures were drawn more inaccurately and immaturely relative to the other objects drawn on the same page.

Another observation that suggested poor body image among these girls was a tendency towards self-derogatory remarks about their own physical attractiveness. In conversation and in structured interviews, these girls commented upon individual body parts and discussed their worth or merits. In a portion of the structured interview wherein they were asked to name positive self-attributes, most of the girls had the greatest difficulty making positive self-statements about their physical selves.

During both structured and non-structured activities, these girls were observed to have difficulty coordinating their body language to match their expressed emotion. For example, in group therapy wherein sharing events and feelings are encouraged, this therapist noted that the

children made statements such as, "I feel happy when ..." , followed by a continued sad affect. One of the girls relayed a traumatic event that had just occurred between herself and her stepmother the evening before. Although she was verbally expressing anger and hurt, her facial expression remained jovial and smiling. These examples are commonly observed with this clientele. An inability to match body language with felt emotions is perhaps a component of their emotional disability and a non-reality based body image.

During social interactions, these girls were observed standing too close to one another or getting into each other's physical space in order to get their own needs met. This behavior was often countered with aggression, hostility and verbal outbursts. Positive resolutions to problems are seemingly impossible when individuals perceive that their rights are being violated.

This writer made several other observations that alluded to poor body image. When looking at the girls in the program as a whole, it was interesting to note that poor hygiene and a lack of concern about physical appearance by some girls was equally countered by an over concern about clothes, hair and general appearance by other girls. Extremes at either end of the spectrum suggest body image problems. Along with poor hygiene, poor nutrition was also a component of many of these girls' behaviors. Many of the girls had extremely poor posture, and poor eye

contact. Their physical carriage was suggestive of a non-caring attitude about self and self-worth. Eating disorders were documented in several cases stemming from early childhood onward. Initially used as an issue of control within the family during early childhood, by latency-age their eating problems had reeked havoc with their physical and mental health. In addition to eating problems, many of the girls had self-destructive tendencies and often disregarded physical safety needs. Although these behaviors are a component of their emotional dysfunction, this writer believed these problems to be closely linked to poor perceptions or misperceptions of self.

Each of the students this writer serviced in art therapy was administered an art therapy assessment called the Levick Emotional and Cognitive Art Therapy Assessment, the LECATA (Levick, et al., 1988). This test has not yet been standardized and is in the process of being field tested. The LECATA endeavors to give each child evaluated, an emotional and cognitive functioning score based on the differences between developmental and chronological age expectancies. This drawing assessment is administered individually. Each assessed individual is asked to draw, title and comment upon six directed art tasks using 12" by 18" white paper and a new box of 16 oil pastels. A pencil is made available upon request of the individual. The LECATA is based on chronological stages of psychosexual

and cognitive development. An emotional score is derived from observable defense mechanisms found graphically depicted in the individual's art tasks. The cognitive score is derived from known graphic stages of artistic reproductions. The criteria for scoring the LECATA is based on Levick's (1983) research on the correlation of cognitive, artistic and psychosexual development. It was observed that the self-portrait portion of the LECATA completed by these girls revealed inaccurate body images. The self-portrait projected by these girls was either an immature self or an overly sophisticated image. Some girls drew a baby-like picture and others drew a make-up laden, teen picture to represent themselves. Once again, extremes alluded to poor body image or an inability to relate to the reality of the present, physical self.

This writer worked with a population of students whose physical maturation was within normal ranges. Many of them were on or above grade level academically. However, they appeared to consistently adopt an array of non-productive, unacceptable, and immature behaviors to deal with everyday events. Behaviors are often indicators of feelings. It was this writer's experience that many SED children wished they were babies again. They verbalized this wish and tended to see themselves as a much younger and physically shorter child. Psychologically this may have alluded to unmet nurturance needs and desires to return to a safer haven. On the other end of the spectrum, a number of students

appeared to be skipping over their childhood and adopting the facade of an older teen. This was observed in choice of dress, activities, movies and television programs, and in general converssation. However, these wishes and misperceptions of self interfered with reality and with who they are today.

Causative Analysis

The causes for faulty body image in latency-aged, SED girls are varied. Body image is a small but important facet of self-esteem. Whereas self-esteem encompasses perceptions and feelings of the whole self, body image relates only to those feelings and beliefs one has about his or her physical self. However, this writer believes that these constructs influence one another. For example, it has been observed that when people feel good about themselves, they tend to pay more attention to their grooming, and outward, physical appearance. Conversely, when people attend to their personal, hygiene needs and attempt to present a positive, physical image, they tend to feel better about themselves. In a recent article, Steinem (1992) wrote about the importance of accepting the way you look as part of liking who you are and securing a more positive self-esteem.

In general, girls are more concerned with their physical selves than boys. Society places a high value on

physical attractiveness. The media continues to bombard us with what we should look like. Physical appeal is often equated with success. It is not surprising then, that those who are at high risk for mental and physical distortions are especially susceptible to faulty body image perceptions. Eating disorders often accompany the onset of secondary sexual physical characteristics that begin during latency (Gunn & Warren, 1988).

In addition to society's demands for physical "perfection", many of the girls in SED, elementary school programs, have been subjected to sexual, physical and/or emotional abuse. Their perceptions of themselves are most often confused. Destroying self-esteem and feelings of self-worth, abusive situations promote unhealthy emotional growth patterns in the developing child (Hjoth & Harway, 1981). In order to survive these destructive living situations, children learn to distort reality, manipulate, and fantasize. These unhealthy modes of coping or defense mechanisms often lead to a lack of body awareness and body image distortions.

Many of the homes these girls come from are dysfunctional. Of the seven latency-aged girls in the SED program, only one comes from an intact family system. Of the others, two of the girls are in therapeutic foster care programs, three live in divorced family situations, and the last lives at home in a violent and unstable situation involving the father and mother. It is unknown as to

whether the home environments were at risk prior to the child's arrival or if the child's behaviors and emotional problems caused the dysfunction. From investigating the files on the seven girls in this program, it appears that the families were problematic prior to the child's arrival. The girls seem to be from home situations that are unable to provide the nurturance, care, and attention that they need. The lack of support and direction from the home can be a contributor to poor body image (Kiraly, 1989).

Maladaptive behaviors and the absence of social skills appear to affect the way individuals perceive themselves. Rejection from your social group or from what is considered the norm, adversely affects feelings of competency and self-esteem (Magg & Behrens, 1989). Each of the girls in the program has experienced repeated failures in maintaining acceptable behaviors in a regular school setting. Two of the girls came to the program as elective mutes. They spoke to no one outside their immediate family. They were therefore non-testable and labeled non-compliant, controlling and severely oppositional. Another child was referred to this program due to a tendency to self-mutilate when anxious or depressed. Three of the other girls, sexually abused at a very young age, were either behaviorally acting out or withdrawn in the regular classroom. One of the girls who has been hospitalized multiple times for depression, exhibited the lethargy so often seen in depressed children. Performance in the

classroom and peer acceptance are nearly impossible for this type of child. Body image is negatively effected by repeated social failures.

Relationship of the Problem to the Literature

The review of the literature suggested potential reasons and contributing factors for poor body images. Most of the literature focused upon the desire for thinness among women and concentrated on disorders such as bulimia and anorexia. Body image and body awareness, apart from these eating disorders, does not have an abundance of research. However, body image disturbances have been found in those individuals who have been abused, are from dysfunctional families, are going through puberty, and who have emotional, handicapping conditions. The literature suggested that females suffer from faulty body image much more frequently than men (Zellner, Harner & Adler, 1989). In a recent study, Zellner, Harner and Adler found that women desired an ideal figure which was thinner than their own. This phenomenon was true across the board for those they studied. A significant number of women wished for a figure far thinner than what they believed to be attractive to the opposite sex. It is this writer's experience that SED girls state that they would like to be a thinner even if they are already of average to below average weight.

The literature also gave other evidence to problems

with body image dissatisfaction among females. Overweight children and adolescents are teased in school. Often ridiculed by their peers, these children develop poor self-esteem and body dissatisfaction. Heavy females are ostracized from peer group interaction, have fewer friends, and less opportunity for relationships with the males (Faust, 1987). This writer has observed overweight children being bullied and teased. Not as agile or as physically fit as their peers, overweight youngsters are the last to be chosen to participate in group sports activities.

Poor body image has been observed in connection with poor self-concepts in females who have been physically and sexually abused (Stovall & Craig, 1990; Mannarino, Cohen & Gregor, 1989). These authors describe abused young, females as more hopeless and helpless than their unabused peers. The girls they studied appeared more depressed, less socially adept, unable to trust, potentially hostile, and confused over sexual identity.

There is additional evidence of faulty body image among emotionally handicapped girls (Mellor, 1988). Linked heavily with poor self-esteem, negative feelings about physical self seems pervasive throughout this handicapped population. Misperceptions of size and shape have also been found in pre and early adolescent females (Duncan et al., 1985). Society's demands for thinness and the weight gain associated with menarche greatly conflict with the

development of a positive sense of the physical self.

The literature suggested probable causes for the problem of poor body image among young girls. Much of the literature did not specify a cause but rather pointed to biological and environmental factors that impacted on body image.

Girls, especially between the ages of 9-14, are vulnerable to body image disturbances due to the onset of menarche (McGrory, 1990). Conceptualizing the onset of menarche as the corner stone of adult female development, McGrory attempted to show relationships between how a young girl felt about herself and her general attitude towards menses. McGrory stated that "for early adolescent females, menstruation remains very threatening" (p.267). One of the most salient features of her study was the discovery that most parents of young girls found the topic to be very embarrassing and were too uncomfortable to deal with it on an intimate level. The results of this study point to a need for an interdisciplinary approach to supporting females through "the normal developmental stresses of menarche" (p.269). According to Zakin, Blyth and Simmons (1984), attractive girls, whose self-esteem is linked to their physical self image, appeared to suffer the most from body image dissatisfaction. In a social context, physical appearance is credited with the numerous responses an individual receives from others. The development of a healthy, mental picture of the self, is important as

children grow into adulthood. Latency-aged girls are highly susceptible to body image issues due to the development of secondary sexual characteristics (Gunn & Warren, 1988). Their study with normal, middle to upper middle class, white, latency-age girls suggested that the development of breasts is looked upon favorably, enhancing body image and peer relationships. However, increased weight gain, necessary for menarche and the onset of menstruation itself, brought on additional self-consciousness. In another study investigating puberty and adolescent females, higher incidences of school behavior problems were found among early maturing girls (Duncan et al., 1985).

Another problematic event impacting on body image among young girls and triggered by the onset of puberty is the self-consciousness brought on from hormonal changes which result in skin eruptions or acne, oily hair and increased body odor. Although not mentioned in the literature this writer encountered, these physical changes are as visible as secondary sexual characteristics and potentially harmful to the development of a positive sense of physical self.

Society has always burdened women with a need to satisfy their self-esteem through their physical appearance. Perceptions of beauty, however, change. From the Reubenesque figures of the past to the skeletal look of the present, women have fallen victim to measuring their sense of self-worth against an almost unattainable ideal.

According to Faust (1987), the drive for thinness appears to adversely affect body image in adolescence. Adolescents are experimenting and trying on new personas in search of an identity. The need for peer acceptance is strong and the demands of society are great. Eating disorders seem to appear during early adolescence and are highly correlated to body dissatisfaction, depression and a general misperception of those biological cues that signal hunger (Faust, 1987). Inaccurate perceptions of body shape and size and eating disorders are also highly correlated (Zellner, Harner & Alder, 1989). It is interesting to note that the normal weight gain during puberty, necessary for the start of menses and signaling the beginning of a female's reproductive abilities, is looked upon so unfavorably by society (Davies & Furnham, 1986).

Physical and sexual abuse impact heavily upon a female's perceptions of her physical self. According to Allen and Tarnowski (1989), physically abused children are more depressed, have a lower self-esteem and feel hopeless about their future. Children who were sexually abused appeared to be more aggressive, behaviorally maladjusted, less confident, and more sexually aware than their non-abused peers (Tong, Oates & McDowell, 1987). The Tong Oates and McDowell study also concluded that sexually abused girls exhibited a lower self-esteem than sexually abused boys. They hypothesized that since girls are more often sexually molested by someone they know rather than a

stranger, the differentiating factor may be the betrayal of trust. The behavioral characteristics of abused children mentioned by these authors have also been observed by this writer. Sexual, acting out behaviors have been observed with girls in the pre-school program. Alerting the professionals in the program to current problems, these young children present an array of behaviors needing immediate intervention. However, by latency, these girls become more aware of what is socially acceptable. They begin to adapt to their abuse and incorporate that negative experience as part of the hidden self.

Comparing the human figure drawings of abused and non-abused adolescents in the Draw a Person (DAP) projective test, Hjoth and Harway (1981) found specific differences. Those differences included, the amount of erasure, clothing, detail, symmetry, and arm position between the two groups. They did not find any differences in the size of the drawn figures. However, they found that non-abused adolescents tended to erase more and hypothesized that they were searching for something closer to their ideal. Abused adolescents more often depicted figures without clothing and detail than did their non-abused counterparts. In addition, the abused subjects portrayed a rigid arm stance and significantly more dissymmetry in their human figure drawings. Projective drawings, tapping into the unconscious, may have revealed significant body image distortion among abused individuals. As an art therapist,

this writer has observed body image distortions and faulty perceptions of self in the drawings of the SED students.

The ability to see oneself as competent and capable is severely compromised as a result of incest according to German, Habenicht and Futcher (1990). Incest victims may have distorted body images and in fact place a greater degree of importance upon their physical selves. They become helpless and feel that they have little control over their environment. Their study implied that girls may learn not to trust, avoid intimacy, escape into fantasy, and find themselves in abusive adult relationships later on in life. Stovall and Craig (1990) found sexually and physically abused children to be more depersonalized and cut-off or split from their environment. This may suggest that their sense of reality is distorted along with accurate perceptions of their physical selves.

According to Kiraly (1989), the family environment has an impact on a child's perception of self. Children not living with their biological families displayed more problems with positive self-concepts than those living with their biological families. Foster care children exhibited an inability to create realistic short term goals and the needed behaviors to achieve possible long term goals.

Marital discord negatively affected the self-concepts of pre and early adolescents (Bishop & Ingersoll, 1989). Girls appeared to exhibit higher degrees of anxiety, increased concern over physical appearance, and decreased

popularity as a result of marital problems. Their study concluded that it was the breakdown of parenting in the form of guidance and nurturance that adversely affected the self-concepts of the children and not divorce in itself. It seems therefore, that stressful home situations have a negative impact on the developing self-concepts of children.

Emotionally handicapped (EH) girls have more problems with accurate perception of body image than their non-handicapped peers according to Sweeney and Zionts, (1989). Faulty perception in general is part of the EH student's handicapping condition. It is not surprising this study suggested that the greater the emotional disturbance, the more pronounced the distortion of the physical self. The implications of this study pointed to mental disturbances as a cause for poor body image.

The research of Rierdan, Koff and Stubbs (1989) yielded a high correlation between poor body image and depression. According to their study, "depressed girls viewed their bodies as less attractive, less competent and a less familiar part of the self" (p.455). It was found that the chronically depressed have a poorer body image than those who have had a few depressive episodes. This may be due to a negative perception of the physical or biological self since somatic complaints are common among the chronically depressed. It may be deduced then that those girls in SED programs, such as the one in which this

writer works, have very poor body images as a component of their disabling condition. Maag and Behrens (1989) stated that depression is common among special education students. According to Koenig (1988), self image can be conceptualized as "one's evaluation in a number of important life areas" (p.116). This can include an individual's physical esteem or feelings surrounding body shape, size and attractiveness. In Koenig's study, adolescents diagnosed as depressed had a poorer self image than those diagnosed as having a conduct disorder. This phenomenon held true across the board for all assessed levels of functioning. The study suggested that students with emotional components to their dysfunctioning have a higher degree of self image deficits than those whose problems stem from behavioral dysfunctions. Koenig implied that the younger adolescents are still unsure of themselves and may find depressive episodes more debilitating to self image than those experienced by older adolescents.

Another aspect of impaired body image among emotionally handicapped individuals is an inability to read body language (Polyakov & Zhirnova, 1990). In their study it was discovered that schizophrenic children could not decipher the meaning from gestures, body motions and facial expressions. It may be that depression, depersonalization, and misperceptions culminate in body image distortions of rather significant magnitude among

those who have emotional handicapping conditions.

The various topical areas researched for information on body image with SED, latency-aged girls were; body image and children, body image and adolescents, body image distortions, emotionally disturbed school age children and self-concept, self-concept and family dysfunction, onset of puberty and body image, body image and sexual/physical abuse, body image and perceptions of the self, adolescence and emotionally handicapping conditions and body image development.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION MEASUREMENTS

Goals and Expectations

The goal of the writer was to increase the body awareness of SED, latency-age girls and to provide the potential for more accurate perceptions of physical self through a structured, body image improvement program. In addition, at the end of a three month period, this writer expected there to be a therapeutic program in place which focused directly upon pre-adolescent's body image, self-acceptance and an understanding of body language as used in social situations.

Expected Outcomes

The following goals and outcomes were projected for this practicum. The girls participating in the program will have a greater awareness of hygiene needs, a better understanding of good nutrition, accurate knowledge concerning menstruation and the pysical and emotional changes associated with puberty, and an understanding of how body language is used to convey feelings and thoughts.

They will be able to make at least two positive statements about their physiques. Also the girls will begin to appreciate, care for and respect their own bodies as observed by fewer self-destructive behaviors. Posture and eye contact are expected to improve. The girls will begin to recognize the difference between what they really look like and what they feel they look like. They will be able to draw themselves with an improved degree of accuracy.

Measurement of Outcomes

This writer measured the change in these girls in three ways. One way was through the administration of Task #2 (the Drawing of Whole Self) from the Levick Emotional and Cognitive Art Therapy Assessment (LECATA,1989) prior to the implementation of the program and again during the last week of the program. Using the LECATA scale, Task #2 was scored and evaluated. Although it was beyond the scope of this practicum to expect an increase in either the emotional or cognitive realm of functioning, a more reality oriented self-image was anticipated to be represented by the students. More specifically, it was expected that the girls would be able to create a self that had all body parts represented to some degree, and clothed in an age-appropriate fashion.

The second method of measurement was an observation checklist created by this writer. A body image observation checklist based on "needs improvement" was administered.

This check list pertained to ten visible, physical attributes and observable behaviors. The observation check list contained two columns to the right of each statement. Column one stated, "needs improvement" (NIM) and column two stated, "has improved" (HIM). Column two was completed only at the closure of the three month program. Prior to the implementation of this program, the observer recorded a check next to those items that needed improvement such as clean hair, clean finger nails, appropriate eye contact and good posture. At the end of the three month program, the "has improved" (HIM) columnn portion of the checklist was completed. A percentage of the HIM items were calculated and recorded. It was expected that approximately one-third of the "needs improvement" (NIM) items would be checked, "has improved" (HIM) at the end of the program.

The third method of measurement was a structured interview with the students and a non-structured interview with the teachers of these students. These interviews were conducted by this writer before beginning the program and upon its' conclusion. Part one of the pre and post interviews included private sessions with each student. Each student was asked to name perceived, positive physical self-attributes. Part two of the pre and post interviews included non-structured sessions with the teachers of these girls. The teachers were asked to comment upon the girls' reports from home, noted self-destructive behaviors, hygiene and general appearance. In the structured

interviews during the last week of the program with the girls, it was anticipated that they would be able to make more positive comments about their physical selves and create a visual image connoting those feelings. In the non-structured interviews with the teachers it was expected that they would be able to comment on the students' increased body awareness as measured by a decrease of observable, self-destructive behaviors and an improved general appearance.

Mechanism for Recording Unexpected Events

In addition to these three measures, a journal was kept as documentation. This journal addressed what transpired at each of the body image, group sessions.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The body image of latency-aged girls in SED programs is often distorted and inaccurate. In this writer's work setting, there was no set program to address issues specific to body image disturbances. The literature suggested different strategies to remediate body image problems. Much of the literature revolved around body image interventions with anorexic and bulimic populations. Kaslow and Eicher (1988) achieved positive results with anorexics in an intensified body image intervention program. By combining creative arts therapies with a more traditional, verbal therapy, they found that body awareness could be improved. Relaxation techniques, sensory awareness exercises, mirroring, moderate, physical exercise, projective art works, group discussions,and a supportive environment were acclaimed as an appropriate mode of body image intervention for those with eating disorders. Cognitive therapy has been suggested for girls with body image disturbances (Rosen, Cado & Silberg,

1990). By challenging the negative thoughts about physical appearance and slowly exposing the girls in the study to perceived, negative situations, the authors reported increased self-esteem and more accurate perceptions of physical selves among their subjects.

The creative therapies have addressed remediating faulty body image. Lincoln (1987) suggested incorporating a program for body image intervention which focuses on movement, positive social feedback, and projective art experiences. Perceptual and emotional problems relating to the physical self cause body image distortions in the drawings of children (Larose, 1988). Group art therapy experiences, suggested Larose, allow for the development of an individual's self image through supportive, interaction with others. Milford, Fryear and Swank (1983) suggested that phototherapy may afford those with body image disturbances an opportunity to confront the self in the concrete, non-deniable medium of photography. Some individuals, may not know what they look like or may not know what they look like when they are well groomed. Individuals with poor body images are fragile, have very poor ego strengths, and are highly atuned to negative aspects of themselves. It is important, said Milford, Fryear and Swank, to provide children with poor body images, positive, motivating, photographic images of themselves. Using visual art as both an instructional tool and an expressive modality, DeChiara (1982) developed a

body image remediation program as a pilot program for learning disabled children. Her program, focusing upon the human form and relationships in the environment, produced positive results in the areas of body image.

Music, movement and physical exercise can also help with the remediation of faulty body image (Carlson, 1981; Adler & Fisher, 1984). Through movement in therapy, children can increase their spatial awareness and create a more accurate sense of self (Goodwill, 1987). Children need to get in touch with the reality of their physical selves, especially today wherein so many experiences are synthetic, arising from movies, television and videos. Kinesthetic, experiential realities, for some individuals, are few and far between. Creative arts therapies bring experiential components of living back into focus. Camping, another, real life experience, helps raise the self-esteem of adolescents (Hazelworth & Wilson, 1990). In addition to environmental interactions, adolescents involved in the camping experience benefited from increased social interaction and improved social skills.

Other ideas to address and intervene with faulty body images among SED, latency-aged, girls have been generated. The establishment of a "girl's group" to address those issues pertinent to latency-aged girls and provide the structure for the formation of a remediation program to enhance body image would benefit SED, girls. A strong component of this remediation program must be a therapeutic

atmosphere wherein the girls feel safe and secure. Since the majority of the girls the writer works with, have been abused, the establishment of trust and the need for confidentiality will be of prime importance.

Many communities have experts and/or professionals who are willing to donate some time to help SED girls create more positive self-images. Speakers from community mental health agencies can address personal and physical safety needs. Beauticians can help the girls understand the importance of clean hair, nails, face and personal hygiene. A beautician might also be able to style the girl's hair and show them age-appropriate hair-styles and nail colorings. A licensed nutritionist can educate the girls about healthy food choices and the nutritional needs of their growing and developing bodies. A nurse might be able to address some issues regarding the development of secondary sexual characteristics, the onset of menstruation and the human reproduction system. All of these resources could be put into action as a way to focus the girls towards increasing their body awareness.

The use of creative therapies in a body image enhancement program is supported by the literature (Lincoln, 1987; Kaslow & Eicher, 1988). The modality of art as the therapeutic component in a group format lends itself well to both self-expression and increased socialization. Projective imagery would be helpful in determining a child's perception of self and act as a

measure for body image improvement. As a clinical art therapist, this writer has the background necessary for implementing a group art therapy program focusing on body awareness.

Description of Selected Solution

To help the latency-aged girls in the SED program increase their body awareness and gain insight into human growth issues, a "girl's group" was created. This plan worked because of the need for such a program, the support the literature gave concerning the use of creative modalities to remediate faulty body image, the commitment of this writer, and sequential design of the writer's body image improvement program.

The structure of this writer's program to improve body awareness among SED, latency-aged girls, was as follows. Each girl participated in the therapeutic, body image improvement program for one to one and a half hours per week. In addition, each received individual art therapy sessions for 45 minutes, one time per week. A letter to the girl's parents or guardians was sent requesting permission for their child's participation in the program prior to the implementation of the group.

The group was co-facilitated by a social worker and by the writer who is a registered, clinical art therapist. Both clinicians work at the specialized school

site where the girls attended classes and were involved in the cases of each girl receiving these services.

Assessing the needs of each girl prior to the implementation of a body image enhancement program was paramount. A psychosocial report, made by the social worker supplied a great deal of needed background information on each child. The psychological report, made by the school psychologist also became part of each girl's record. Three measures were used to assess body image. Prior to the body awareness enhancement program, an art therapy assessment was administered to each girl to determine body image perceptions through projectives. Also, an observation checklist was administered in the classroom. It focused upon observable, physical care and hygiene appearances of each girl. In addition, non-structured and structured interviews with both the teachers and the students were conducted to glean more information revolving around body image perceptions. After the three month implementation period, these three measures were once again employed to determine if any gains were made by the student's in the area of body awareness.

Many of the ideas garnered from the literature and from the suggestions of other professionals were combined with this writer's and incorporated into the group. Art therapy techniques along with other directed and focused body image intervention methods were employed. Since the creative arts have been used successfully in helping

individuals secure more positive body images (DeChiara, 1982; Lincoln, 1988; Larose, 1988) and the writer's area of expertise is in art therapy, it was appropriate that the group contain a substantial amount of expressive art therapy endeavors. Some of the activities that were structured to improve body awareness among the latency-aged, SED girls, were role playing and role reversal exercises. This helped facilitate the incorporation of feelings with matched affect. Expressive graphic productions, revolving around both the girl's perceptions of physical self and feeling self were explored. Both two and three dimensional media were utilized in an attempt to make weak perceptions of self, strong and more concrete. Filmstrips and videos on human growth and reproduction were presented and discussed. In addition, other filmstrips that dealt with abuse were viewed by the girls. A camera was used upon occasion to photograph the girl's more positive, physical attributes and more successful attempts at improved physical appearance. The camera was also used to photograph facial expressions as a modality for understanding feelings through body language.

Speakers from the community participated in the program. The nutritionist and "keeping safe" speaker addressed the entire special education program. The children enjoyed the novelty of community speakers and attended well at small, structured assemblies. Whether it is because these students lack the needed nurturance from

home or whether increased attention needs are part of their disability, it was observed that the SED girls and the other students were excited and pleased with the special attention they received.

When SED programs are multi-disciplinary, it is important to get the support from the entire team upon the introduction of a new program. The teachers in the SED program, in which the writer works, released their latency-aged girls for a set period of time each week. In addition, they allowed extra time and more flexibility where needed with extensive projects. As the program progressed, it became increasingly important to share the information gleaned and the progress made by the girls with the educational staff to insure their cooperation. There are many art therapists working with emotionally disturbed students in this county. Input from other art therapists was valuable when creating this body image enhancement program.

Report of Action Taken

The time line for this project included approximately three months or twelve weeks. After each session, the writer recorded both group and individual progress.

Each girl in the program received additional support through individual art therapy sessions during these three months. This allowed for the reinforcement of new concepts and ideas, questions and concerns or disclosures and

revelations as they arose.

Month 1 - Week 1,

Seven latency-aged, SED girls, from three different classrooms met together for the first time. Prior to this meeting, permission letters were sent home, signed and returned. Also, this writer administered the self-portrait portion of the LECATA individually to each student to postulate an evaluation of body image. A structured interview and an observation checklist were also administered prior to this first meeting.

The first group session incorporated introductory techniques that focused on cooperation. The seven girls and the two co-therapists sat at a round table and began a discussion about the group. They discussed why the group was special, what can be expected, and how it differed from other groups they experienced in the past. Confidentiality was stressed and questions were answered at this time. Rules that allowed for a positive format were solicited from the girls. The co-therapists interjected some important rules to remember.

The introduction activity, during this first session, allowed for personal expression, self-awareness, social interaction, and provided the structure SED children needed. First, a simple relaxation exercise was explored wherein specific body parts were focused upon and systematically relaxed. In order to minimize discomfort,

especially among those who are so threatened by body functions, this first session dealt with relaxing hands and feet only.

After the relaxation exercise, each student was given a 6 inch round, sturdy paper plate and a 1 by 8 inch piece of cardboard. The girls were asked to share two boxes of fine point markers and two boxes of wide markers. On the reverse side of the paper plate, each girl drew something that was special or of personal importance. Decorations were included with the drawing. On the strip of cardboard, each girl wrote her name and attached it to the back side of her name plate with a stapler so that it stood independently. Taking turns, the girls shared what they had drawn, how they felt about it, and how it related to them. The processing of this information took as long as the execution of the name plate and therefore, a proper time allotment was made. The session ended with each girl stating something positive about what they had done, said or felt during the session. Throughout the following twelve weeks, the nameplates were set out upon the round table prior to each session so that the student experienced a variety of different seating arrangements.

Month 1 - Week 2,

To facilitate group cohesion, activities were structured to foster working together relationships. In other words, each child needed to be a performing member of

the group for there to be positive outcomes in the group activity.

Due to the nature of this session, an increased time allotment was required (approximately 2 hours).

A group drawing activity can facilitate group cohesion and help create a group identity. This group drawing-collage was made from full size, free body drawings and cut-out magazine pictures of the girls' hobbies, personal likes, and important needs. During this session each girl drew an image to represent herself on a large sheet of white, butcher block paper that had been pinned to the wall. The drawing medium was soft, colored chalk to increase fluidity, help minimize self-consciousness, and facilitate gross body movements and appropriate task speed. One goal of this exercise was to discover approximate body size, shape, and proportion. Details and intricacies were not an objective of this session. After the self-portraits were created, the girls discussed their likes and dislikes. The discussion revolved around hobbies, clothes, hairstyles, boys, and fashion models. The second phase of this activity involved using magazines to find representatives images of what they had discussed. They then cut and pasted these pictures upon their full size drawings. Once the cut-out pictures were pasted, each girl volunteered to share what and why she had selected particular pictures.

This activity facilitated a great deal of socialization and

interaction of an appropriate nature. It also provided a concrete and non-deniable method for increased reality contact. With the girls' permission, the co-therapists hung the self-portraits in the hallway and attached them to one another to form one large group picture. Individual photographs were taken of the final products.

It is important to keep in mind that in order for this project to be successful, each girl needed to create a self-portrait and have a variety of cut out magazine pictures surrounding the image she had drawn of herself.

Attending to personal, physical space and cooperative effort was paramount during this session. Time was taken to discuss issues and feelings as they arose. This was a good time to discuss physical space and boundaries. The girls needed be respectful of other's personal space in order to work together without incident. Verbal sharing was a known expectation of the group. Since art products excited the students, they attended to their own personal space more appropriately in order to insure completion. The session closed with a group processing of the activity. The feelings engendered and the behaviors involved relative to the group were also discussed.

Month 1 - Week 3,

Proper nutrition is crucial during a young girl's physical development. During this week, a nutritionist spoke to the entire SED program about healthy food choices

and the needs of growing, developing bodies. Physical exercise was discussed.

During the group session, the students demonstrated their knowledge of good nutrition, by graphically creating three healthy meals, using a variety of art and found materials. The seven girls were divided into two groups of two students and one group of three. One group was the breakfast group, another was the lunch group and the last was the dinner or supper group. By using the knowledge gained from the nutritionist and using a great deal of cooperative effort, the girls came up with a project representing the total healthy food intake of a student for a single day. At the end of the session, there were three large, handmade placemates with drawn plates, glasses, silverware, and an appropriate amount of hand drawn, healthy foods. This project was also hung in the hallway with the girls' permission. Discussion and a question and answer period followed. Time allotment for this project was approximately 1 1/2 hours.

Month 2 - Week 4,

Matching body language to verbally expressed feelings is difficult for most SED girls. The writer took two photographs of each girl expressing two distinct feelings through facial expressions. After the photography session, each girl took a turn in role playing using mime to convey a feeling and/or emotion. The other girls guessed what

feeling was being portrayed.

In addition to the mime and photography , each girl made a scrap book during this session to record interesting events of the group. Sample wallpaper coverings were used as a decorative cover. This writer had taken a photograph of each girl's large self-portrait collage from session two. This photograph was pasted onto the first page of the scrapbook. The girls spontaneously wrote things about themselves surrounding the photo. Throughout the following weeks, the girls were encouraged to add to their scrapbooks.

Month 2 - Week 5,

The theme of matching body language with feelings was continued. Using hand held mirrors the girls experimented with different facial expressions used to convey moods. They then chose one "feeling-face" to draw. At this point, it was important to give the girls a great deal of support, and some latitude while emphasizing that the important thing was to do, to participate, to create, and to be involved physically and mentally. When they were finished, they shared what they had drawn and had the others guess which feeling they were attempting to convey. The photographs taken during the last session were presented and the girls attempted to attach the intended feeling to each facial expression.

Month 2 - Week 6,

This session focused upon personal hygiene needs of young adolescents. A review of dietary needs and good nutrition was also made. This writer secured enough small toiletries (i.e. toothbrushes, toothpaste, mouthwash, etc.) from a local hospital for distribution to each child in the SED program.

The proper use of each article was discussed while the girls made up hygiene packages to be distributed to each of the 50 students in the SED program. Working together either in small groups or in pairs, the girls made up short speeches about the use of the products and addressed each class before handing out the packages of toiletries.

Month 2 - Week 7

As a follow up to the hygiene lesson of last session, a beautician from the community was invited to speak on hair, nail and skin care. She demonstrated some age-appropriate hairstyles and spent a limited amount of time combing each girl's hair into a simple, attractive style. The girls learned about the need for clean hair prior to this session. As a courtesy to the beautician, the girls had washed their hair the evening before this session. The girls shared what they learned about health and hygiene and asked pertinent questions. This session culminated in a photography session. Each girl put the photo into her scrapbook.

Month -2 - Week 8 and Month -3 - Week 9 and Week-10

The next three sessions focused on human development. School approved videos, books, and filmstrips that dealt with physical and emotional growth from childhood to young adulthood were shown. A discussion and question and answer period was an integral part of each session. To decrease observable embarrassment, the girls were asked to write questions on pieces of paper and put them in a pot. The co-therapists chose questions to answer from the pot without identifying who had asked the question. The girls received direct instructions about how their bodies worked and saw samples of sanitary napkins and tampons. There was an emphasis on pride and personal, physical respect for their bodies.

An activity to help make these concepts concrete included a three phase drawing. The girls were given a 5 by 12 inch piece of paper, folded into thirds. The girls were asked to draw a picture of how they might have looked at age 5 on the first third of the paper, a drawing of themselves at the age they are now in the middle third of the paper and on the last third, a drawing of how they might look at age 15 or 16. Group processing followed and the drawings were used to facilitate reality concepts, memories from the past, and aspirations for the future. This drawing was added to their scrapbooks.

Another activity was structured to prepare for the beginning of menarche. The girls created a "feminine"

pouch, large enough to hold a few sanitary pads and panty liners. The pouch was to be kept at home in a special place. For those who had already begun to menstruate, the pouch became a container to hold these personal items. This project incorporated materials to enhance sewing and decorative skills and promoted femininity as a positive attribute.

Month 3 - Week 11

This session focused upon keeping safe. The girls viewed school approved films and videos concerning emotional, physical, and sexual abuse. They prepared for a discussion by experiencing a relaxation exercise. After a question and answer period, the girls focused upon their locus of control. They discussed things that they can and can not control. Through role playing they demonstrated knowledge of their ability to seek help and/or control events in their lives.

Month - 3- Week- 12

As a follow up to the films seen the previous week, a speaker from the community spoke to the students in grades 3-6 on issues surrounding keeping safe, strangers, and other potentially dangerous situations. Questions and answers and role playing exercises were made available.

Month -4-Week-1

As a culmination activity, the girls reviewed what they had learned, how they felt about their growing and

changing bodies, and how they could prepare for future emotional and physical changes. The girls added to their scrapbooks writing personal thoughts, ideas, and feelings as a closure to our "girl's group". During this last week, each girl was individually reassessed through the administration of the self-portrait portion of the LECATA, the observation check list, and structured interviews.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

This writer worked in a program for SED, elementary-aged children. The body image of the latency-aged, SED girls in the program was inaccurate and there was no set program to address perceptions of the physical self. To increase body awareness, the writer created a therapeutic, body image improvement program that met one time per week for approximately one hour. The group was co-facilitated by the writer who is a registered art therapist and a site based, clinical social worker. The group incorporated expressive art therapy with verbal communication and included professional volunteers from the community, filmstrips, and videos on human growth and development. Additional support and reinforcement was afforded through individual art therapy sessions which took place one time per week. The program this writer designed may be appropriate for both handicapped and non-handicapped populations. The literature suggested that the onset of puberty is difficult at best for most young girls (Duncan et al., 1985).

Observation, projective drawings, structured interviews with the students and unstructured interviews with the student's teachers were all used to assess improvements in body awareness.

At the end of this practicum, the seven girls that participated in this body image improvement program, had all improved to some degree. It was expected that each girl would have a better understanding of good nutrition and hygiene. Through interviews, this writer found that each girl was able to verbally relay an assortment of healthy food choices as an example for an appropriate daily food intake. They could tell why nutritious food was important and what vitamins sources were found in several different foods. Improved hygiene was also observed in most of the cases. According to teachers, the girls use of deodorant and the frequency of self-initiated baths and showers increased. In group, it was noted, that they reminded one another to wash their hair and clean their fingernails.

It was expected that at the closure of a three week session on menstruation and the physical changes associated with puberty, the girls understanding about human growth would increase. Each girl demonstrated more accurate knowledge about human growth by asking comprehensive questions and making accurate assumptions based on what she had learned.

This writer anticipated that the girls' understanding

of how body language communicated feelings and thoughts would increase. Although the girls did not incorporate accurate body language into their repertoire of behaviors, they were able to demonstrate several different emotions as conveyed through facial expressions and posture. This writer found that understanding the importance of good posture and eye contact in relation to how others perceive them increased. perceptions. In a role playing exercise the students exhibited an ability to make socially acceptable introductions and present themselves in an age-appropriate manner.

Each girl was administered task #2 of the LECATA (a drawing of your whole self the age you are now) at both the beginning and the end of the practicum. As expected, their cognitive and emotional functioning levels remained the same during the three month period. However, five girls were able to produce self-portrait drawings with all basic body parts represented. Only the same three girls out of the seven were able to depict themselves, clothed in an age-appropriate manner. This writer believes that clothing, which can be conceived of as representative of self, has heavy emotional overlays. Fantasy and wish fulfillment is often conveyed graphically in drawings. Since it was beyond the scope of this practicum to remediate emotional handicaps in this short time period, no realistic changes could be expected.

The body image checklist administered by this writer

showed improvement for four out of the seven girls in the areas of posture, cleanliness, hair, and choice of clothing. Clothing is always an area of concern. At a single glance, clothing becomes an indicator of care and status among children and adults as well. It has been this writer's experience that latency-aged, SED girls tend to wear clothing that is much too small and overly youthful. For a variety of reasons, many of the girls find growing up and maturing very distasteful. Most of them realize that with maturity comes increased responsibility. Wearing clothing reminiscent of younger years reinforces their denial of impending maturity. By enlisting the assistance of either guardians or parents, this writer was able to encourage more age-appropriate wearing apparel among these girls. Another method of facilitating the use of proper attire was through activities that presented physical development in an attractive light.

Areas that showed little to no improvement revolved around intra and inter personal aspects that are most likely a part of their emotional difficulties. For example, awareness of others' needs continued to be a confusing concept for the girls to comprehend. It must be remembered, however, that these are children who are unfamiliar with having their own needs met by others. Therefore, being cognizant of another's desires and being empathetic may be a fairly foreign attribute.

The last measure this writer used to assess the

progress the girls had made was structured and unstructured interviews. When interviewed, the classroom teachers of the girls, gave some positive feedback. For example, two of the girls were now being mainstreamed for a greater portion of the day and were reportedly doing well. Socially, they were fitting in well and were liked by both their mainstream teacher and fellow students. One of the other girls had become a valuable helper in the pre-kindergarten, SED classroom.

The girls were interviewed by this writer and asked to name positive self-attributes. This interview was structured around an art activity. Each girl created a flower and on each petal named a positive self-attribute. Six of the girls named at least two or more positive, physical self-attributes.

Sample data collected from three of the seven girls, representative of results from the program, are presented below in the form of case highlights. These case highlights may provide the reader with an understanding of this particular SED population. To abide by confidentiality, the names of the girls have been changed.

Case Highlights of Laurie

Laurie, at 13 years old, was the oldest girl in the group. She tried very hard to have the adults like her by being overly compliant and "too helpful". Her ego boundaries were poor and her ability to manipulate her

physical self with any amount of grace was limited. Physically, Laurie had potential to be attractive. She had blond hair, a clear, rosy complexion, and a nice physique. Due to her clumsiness and resistance to comb her hair and keep her clothing neat, the body image she projected was very poor. In the classroom, Laurie had been the perpetual victim. Neurological impairments compounded her emotional handicaps. Others perceived her as clumsy, awkward, messy, slow and very immature.

Laurie's childhood had been marked by physical abuse, sexual abuse, and neglect. At age 4, Laurie was removed from her home and placed in foster care. Laurie remains in foster care and is overly attached to her foster parents. Her foster parents plan to leave the foster care program at the end of this year. Fearing abandonment again, Laurie used fantasy to escape into a childlike wonderland where she was forever the rescued, little girl.

Laurie's mother visited her sporadically and played upon Laurie's good will and sympathy. Laurie had often given her mother the allowance she had earned when her mother complained of not having money. One of Laurie's fantasies was that her mother would one day be capable of taking care of her. Over the years, in individual art therapy, Laurie worked through many of her issues surrounding abuse, feelings of abandonment, and of her true feelings about her mother. She was now at the point where she sometimes accepted the fact that she would never be

four years old again that the unified, happy, family picture she envisioned was not a possibility for her.

In group, Laurie made striking improvements. Initially, the other girls continued to victimize her and Laurie seldom defended herself. Slowly Laurie began to realize that many of the things being done and discussed in the group were those that she already knew. With this knowledge came a new found confidence. When the group began discussing puberty, she had a chance to assume a leadership role as she was the only one who had begun menstruation and was well into puberty. The other girls listened to her in rapt attention as she discussed the pros and cons of tampons over sanitary napkins. In her foster care home, table setting was a routine activity. Laurie and one other foster girl were the only two who knew proper place settings. In addition to fostering self-confidence, the group provided a safe haven for Laurie to begin defending herself. By the end of the program, Laurie was able to maintain a proper amount of decorum while telling the other girls that what they said was hurtful and mean. Laurie's choice of clothing improved over the course of the program. With the support of her foster parents, she began to wear more age-appropriate, larger, clothing. Laurie's need to be loved and natural nurturance instincts worked well for her in the SED, pre-K, classroom where she assumed a helper's role.

Laurie had a long way to go in terms of self-grooming

and age-appropriate functioning. However, the group provided a forum for her to display some of her strengths and become increasingly accepted by her peers. It helped her become more aware of physical boundaries and the physical space needs of others. In addition, the group supported her need to adopt more age-appropriate, larger clothing. Laurie's physical appearance improved in terms of what is socially acceptable. As she moves onto junior high next year, this will be very important to her self-competence, pride and feelings of self-worth.

Case Highlights of Cassie

Cassie, a 10 year old, overweight, girl with an undocumented eating disorder, had the most behavioral problems of any of the girls. Cassie had the uncanny ability to find another's weak spot and zero in on those deficit areas. Bright and verbally adept, Cassie often teased her classmates, promoted ill-will among others, and alienated herself in the process. Behaviorally, she either exhibited the lethargy so common among depressives or the anger and opposition characteristic of behaviorally disordered children.

Although overweight, Cassie had acceptable hygiene and appropriate clothing. However, she carried her body in a slovenly manner, moaning and groaning in a complaining fashion as she moved from one position to another. Unfortunately, Cassie was often physically hurt. In the few

months prior to group this year alone, she had dislocated her shoulder, had foot surgery for an ingrown toenail, blackened her eye while fighting with her brother, had been rushed to the emergency ward for stomach pains, and received stitches above her eye upon having a rock thrown at her by a neighborhood friend.

Cassie's history was unusual, even for this SED setting. The first time this writer met her, Cassie stated that she had been in and out of mental hospitals since she was five years old and that no one could ever help her. At one time, her entire family had been hospitalized in a local mental health hospital. Her family was presently intact with a physically abusive father (the abuse was directed towards mother, not the children) and an overly protective, fearful mother. Neither Cassie nor her 6 year old brother were allowed to ride on a school bus, go on field trips or ride a bicycle because of what might occur. However, no acknowledgment was ever made of her frequent "accidents". This was her mother's third marriage, lasting over 12 years. There were six children, ranging from early 20's to kindergarten age in the family. At the time of this group, one of Cassie's sisters had just had a baby and another was expecting. Neither had intentions of getting married or moving from the house.

Cassie's improvement in girl's group was very good. Initially, she was resistant to listening to lectures on nutrition and proper diet. She was perhaps fearful of

loosing the control she had worked so hard to attain within a family structure which deprived her of any sense of control. It was interesting for this writer to watch the dynamics of the group upset her carefully constructed defenses. This time her verbally abusive manner was confronted by the other girls. They acknowledged how difficult it must be for her to control her diet. With the help of the co-facilitators this session generated into a discussion about what each of them found difficult to control in their lives. The support of the other girls helped Cassie attend more to her physical self. She began to eat less at lunch, purchase less "junk" food, and request fruit at home for a snack. An observable weight loss, albeit small, was noted. When the beautician came to speak about hair and nail care, Cassie was very attentive. Slowly she began to attend more to her appearance, especially as her interest in boys began to grow. In addition, the girls in the group also confronted Cassie with what they perceived as attention getting devices (i.e. frequent accidents). Cassie admitted that everyone at home paid more attention to her when she was hurt. Cassie's "accident" reporting decreased within the last six weeks of the group. As the importance of peer acceptance increased, the need for family attention may decrease.

One of the most remarkable achievements Cassie made during group was in the area of cooperation with her peers. In a "creating pictures of healthy food" art activity,

Cassie was paired with a former elective mute. Rather than dominating the entire project and taking control as she had done in the past, Cassie structured the activity so that her classmate needed to participate. Showing patience and understanding, the success of the project was largely due to Cassie's new found empathy and cooperative spirit.

Cassie, too, has a long way to go in terms of attaining self-control and positive self-worth. Although she is beginning to understand that she has no control over her families' behaviors, it is difficult for her not to give in when they appear to sabotage progress being made. Cassie reported receiving multiple Easter Baskets filled with candy over a recent holiday break. Money for food was scarce, but the candy was abundant. Cassie's interest in mainstreaming had increased but mother refused to allow it. Cassie is beginning to understand that a sign of wellness is not always acceptable to her family.

The reader may be struck, at this point, with how much more needs to be accomplished. However, the girl's group offered Cassie an arena for reality testing to come to know how other children live and what is acceptable and not acceptable in other homes. It also provided her with the opportunity to exercise the control she so very much desired, in an acceptable and age-appropriate manner.

Case Highlights of Rachel

Rachel, a 10 year old, tall and thin, black girl was

the most sexually aware of any of the girls. She was acutely aware of style and fashion and loved to look at herself in the mirror. However, her fashion statement was often marred by an old, thick, winter jacket that she wore throughout the day. To protect herself from whatever she perceived as dangerous or hurtful, Rachel had adopted a second skin (the coat) as a protective agent. Behaviorally, Rachel had a tendency to regress quickly into baby-talk and silliness. When regressed, her eye contact became non-existent and her body became almost gelatinous and fluid-like in nature. She could slip out of the chair and onto the floor in one continuous movement. Rachel also had a need to be "perfect" and would become upset if her behavioral score in the classroom were not tops. Academically, Rachel performed close to grade level and rarely gave her teachers a problem. She loved the one-to one attention during art therapy sessions and was always eager to come to those sessions. The "girl's group" provided a bit of anxiety for her and she would often have an excuse for being five to ten minutes late.

Rachel's personal history had also been marked by abuse. She had been in foster care since she was six years old. Rachel and her sister had originally lived with her father out of state. From the records it appeared that the father sent both girls to live with mother when Rachel was about four. The mother was drug and alcohol involved at the time and had two additional children. Rachel and the

children were often left to fend for themselves. It seems that, one of the many times, they had been left alone, Rachel called the police. Investigators found that Rachel had been sexually abused in addition to being neglected. Interestingly, maternal grandmother assumed custody of the children with the exception of Rachel. She claimed that Rachel was too difficult to handle. Rachel's one desire, above all, has been to be reunited with the rest of her brothers and sisters.

Since that time, mother has had two more children and the grandmother has taken them to live with her. With five children to care for, and mother in and out of the house, grandmother had stated that she could not assume the responsibility for Rachel too. However, the grandmother recently stated that she could now take Rachel to live with her. Rachel's case worker from social services decided to give Rachel the option of either living with her foster family with whom she has grown attached or returning to grandmother and her family. Helping Rachel make this decision was a difficult task. All Rachel could verbalize was that she wanted to be with her family. She was tired of being the one singled out and could no longer tolerate being the different or odd one.

Rachel's progress was steady throughout the "girl's group". Gradually, her demeanor changed and she began to adopt more age-appropriate behaviors. Silliness and baby-talk all but disappeared. She became interested in every

aspect of the group from the discussions of human growth and proper nutrition to the need for cooperation and friendship. When the girls perseverated on the topic of menstruation, and were not willing to go onto new topics, Rachel let them know that "there is more to life than getting our periods....we have to learn how to get along with each other".

Having to help a child make the decision as to where she wants to live seems almost unreal to most people. How they ask, can such a decision be placed on one so young? However, the reality is that this writer and her co-workers find themselves frequently in that position. Sometimes parents place that burden upon the child to decide between mom or dad and other times, social services demands that the child choose between home and foster care. The enormous conflict and loss of deserved security and rightful innocence are reflected in their faces, feelings and behaviors for a long time to come.

Rachels' participation in this "girl's group" helped the writer and the other co-facilitator make a recommendation for Rachel's future placement. During one of the sessions the girls were to draw three pictures. The first was to reflect yourself at age 5, the second was to show how you are at present and the third was to predict your "self" as a teen. Rachel's first drawing showed herself naked at at 5 stating, "I sure am growing". Her second drawing was of herself, naked in front of a camera

having her picture taken. Her last drawing was of herself at age 15, naked with blood drawn in the pubic area saying to a naked man who had an erect penis, that she had her period and had to go. In the background of this drawing, she had drawn a baby asleep upon the bed. The fact that she had depicted herself as naked did not alarm this writer as Rachel had many narcissistic tendencies. However, the desire to have her ten year old self photographed naked (as she had stated) and the drawing of herself at age 15 alerted this writer to the need for Rachel to have as much supervision as possible, in a nurturing environment, during the next few years. Rachel's grandmother is too overburdened to supply what Rachel needs now.

The dilemma, of course, was to help Rachel understand that her needs could not be met at home. The group in which Rachel participated afforded her with the opportunity to express hidden aspects of herself in a safe, non-threatening environment. The girls were supportive of Rachel and shared their own problematic home situations. The group also provided her with the opportunity to express pride in personal appearance in an acceptable manner and exercise appropriate social interactions.

Discussion

The "girl's group" concept to increase body awareness among SED, latency-aged girls proved very worthwhile. Not only did the girls benefit but so did the teachers and

clinical staff. For example, a spontaneous social event occurred one afternoon involving a body image improvement activity which had been hung in the hallway. It consisted of life-size drawings that each girl had created of herself using chalk and cut out magazine pictures. The teachers came out of their classrooms to comment on the drawings, guess who had drawn which picture, and hypothesize why certain cut out magazine pictures were chosen. They became more aware of the girls that they taught, what was being accomplished in the group, and used this opportunity to share information and socialize. By involving the teaching staff into more clinical goals, increased sharing of information occurred.

Through the implementation of this program this writer found that there is a great need for a human growth and development program for latency-aged, SED students that goes beyond what is being taught in the typical school curriculum. Not only were the girls the most interested in puberty but also the most confused. For example, throughout a discussion on menstruation one girl persistently asked and wanted to know exactly how much menstrual blood she could expect at any one given moment and how often the flow would occur during her period. This is not adequately discussed in the filmstrips or books. Even when explained over and again, she still insisted upon knowing an exact, measurable amounts. Since these girls all had average to above average IQ's, one could assume

that it was not their ability to comprehend the information which promoted confusion but rather, severe emotional overlays and anxiety. The literature (McGrory, 1990) supported another aspect this writer discovered. The girls all stated that they were too embarrassed to talk to their mothers, aunts or older sisters about puberty issues.

It is this writer's belief that this practicum tapped the surface of a much needed program. After a careful three month implementation of this body awareness program, this writer found that it could easily be expanded to encompass an entire school year. The girls are just beginning to see themselves in a new light and approach puberty with confidence and understanding.

Recommendations

The following is recommended for the site in which the writer worked:

1. A continuation of the "girl's group for the remainder of the school year.

2. The establishment of two programs for the latency-aged boys and girls in the SED program that deal specifically with the emotional and physical aspects associated with puberty and other human growth and development issues.

3. Increased community involvement and cooperation with education in the areas of sexual development, disease,

drugs and alcohol, and keeping safe.

Dissemination

This writer plans to disseminate the curriculum portion of this practicum to other art therapists that work with pre-adolescent or adolescent girls. There are other professionals this writer knows who do group therapy with special needs girls. They might also be interested in a copy of the curriculum portion of this practicum. If published, this practicum could reach a much larger audience and perhaps help other latency-aged or young adolescent girls with securing a more accurate body image and improved body awareness.

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APPENDIX A

OBSERVATION BODY IMAGE CHECK LIST

BODY IMAGE CHECKLIST

STUDENT'S NAME: _____
LOCATION of OBSERVATION PRE-PROGRAM: _____
DATE: _____
LOCATION of OBSERVATION POST-PROGRAM: _____
DATE: _____

CODE: Needs Improvement (NIM)
Has Improved (HIM)

INSTRUCTIONS: Step I: One week prior to the Body Image Improvement Program, please read each statement and check only the NIM column. If the student needs no improvement, leave that numbered statement blank. Step II: During the last week make another observation and check only the HIM column. Tally the HIM column and represent the number of improved areas as a percentage.

	NIM	HIM
1. The student has good posture.		
2. The student is neatly and appropriately dressed.		
3. The student has clean finger nails.		
4. The student has clean hair.		
5. The student has a clean face.		
6. The student does not have unpleasant body odor.		
7. The student has a general clean appearance.		
8. The student respects others'personal space.		
9. The student's affect is situationally appropriate.		
10. The student is not excessively clumsy.		

TOTAL NIM one week prior to program _____.
TOTAL HIM during last week of program _____.
Percentage of Improvement _____.

APPENDIX B

SAMPLE PERMISSION LETTER

SAMPLE PERMISSION LETTER

School Name
Program Name
City, State

Date

Dear (PARENT'S NAME);

We are pleased to inform you that your daughter, (CHILD'S NAME), has been selected as one of seven girls to participate in a therapeutic girl's group which will focus upon the concerns of maturing young girls.

Human growth and development, sex education and keeping safe will be some of the themes that will be discussed. Speakers from the community will be invited to offer their expertise in areas such as health and hygiene and keeping safe. Videos on maturation and filmstrips about physical safety will be incorporated into our program.

We are looking forward to implementing this "girl's group" and helping your daughter learn more about herself and develop confidence as she grows and matures.

Thank you for your support. Please sign below and return to the school giving permission for your child to participate in this group.

Sincerely,

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clinical art therapist clinician site

I give permission for my daughter to participate in the girl's group as described above.

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Parent or Guardian Signature Date